

OCT 27 2005

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From: JAMES HERDEGEN  
ZIBIX, INC.

Phone # (703) 639 - 1170

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OF POWER OF ATTORNEY & CHANGE OF  
ADDRESS FOR  4 APPLICATIONS. (2 FORMS EACH).

THANK YOU.

OCT. 27<sup>th</sup>, 2005

THIS IS THE FIRST OF TWO FAXES.

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PTO/SB/82 (04-05)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/705,651
Filing Date	11/10/2003
First Named Inventor	HIGGINS, LINDA S.
Art Unit	2121
Examiner Name	MICHAEL B. HOLMES
Attorney Docket Number	284949.123451 X

I hereby revoke all previous powers of attorney given in the above-identified application.

- A Power of Attorney is submitted herewith.

None

OR

- I hereby appoint the practitioners associated with the Customer Number:

- Please change the correspondence address for the above-identified application to:

- The address associated with  
Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	ZLIBIX, INC.		
Address	ATTN: LINDA HIGGINS P.O. BX 8471		
City	SALEM	State	MA
Country	U.S.A.		
Telephone	(781) 639-1170	Email	

I am the:

- Applicant/inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<u>Linda S. Higginson</u>		
Name	LINDA S. HIGGINSON		
Date	<u>10/26/05</u>	Telephone	(781) 639-1170

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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First Named Inventor	HIBBS, LINDA S.
Art Unit	2121
Examiner Name	MICHAEL S. HOLMES
Attorney Docket Number	285967-1250ST-X

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

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Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ZYXIBIX, INC.		
Address	ATTN: LINDA HIBBINS P.O. BOX 8471		
City	Salem	State	MA
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 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<u>James R. Heidenreich</u>		
Name	JAMES R. HEIDENREICH		
Date	Oct 27 <sup>th</sup> 2005	Telephone	(781) 639-1170

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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